r	004								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL				Application Number 10/563,		10/563,7	178		
				Filing I	Date	1/6/2006			
For FY 2009				First Named Inventor Naoya Saiki					
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Vio		Victor S. Chang		
				Art Unit 4191					
TOTAL AMOUNT OF PAYMENT (\$) 1110				Attorney Docket 1217 - 0)53827		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
Small Entity Small Entity Small Entity							•		
Application Type	Fee (\$) Fe	<u>ee (\$) </u>	<u>ee (\$) </u>	<u>e (\$)</u>	Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>	
Utility	330	82 5	540 2	:70	220	110	******************************	*****	
Design	220	110	100	50	140	70			
Plant	220	110 3	330 1	65	170	85			
Reissue	330	165 5	540 2	70	650	325		***************************************	
Provisional	220	110	0	0	0	0	***************************************		
2. EXCESS CLAIM FEES Small								Small Entity	
Fee Description Fee (\$)								Fee (\$)	
Each claim over 20 (including Reissues) 52								26	
Each independent claim over 3 (including Reissues)								110	
Multiple dependent claims							390	195	
<u>Total Claims</u> - :	20 or HP	Extra Claims	<u>Fee (\$</u>)	Fee Paid (\$)			pendent Claims	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims - :		Extra Claims	Fee (S		Fee Paid (\$)			***************************************	
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Three-Month Extension of Time Fee 1,110								1 110	
SUBMITTED BY									
Signature					Registration No. (Attorney/Agent) 36082 Telephone 412-			2-471-8815	
Name (Print/Type)	Name (Print/Type) Kent E. Baldauf, Jr.							Date January 23, 2009	